# Senate



General Assembly

File No. 144

January Session, 2017

Senate Bill No. 544

*Senate, March* 22, 2017

The Committee on Insurance and Real Estate reported through SEN. LARSON of the 3rd Dist. and SEN. KELLY of the 21st Dist., Chairpersons of the Committee on the part of the Senate, that the bill ought to pass.

# AN ACT REQUIRING PRIOR LEGISLATIVE APPROVAL OF INCREASES IN ASSESSMENTS AND USER FEES CHARGED BY THE CONNECTICUT HEALTH INSURANCE EXCHANGE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 38a-1083 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):
- 3 (a) For purposes of sections 38a-1080 to 38a-1091, inclusive,
- 4 "purposes of the exchange" means the purposes of and the pursuit of
- 5 the goals of the exchange expressed in and pursuant to this section and
- 6 the performance of the duties and responsibilities of the exchange set
- 7 forth in sections 38a-1084 to 38a-1087, inclusive, which are hereby
- 8 determined to be public purposes for which public funds may be
- 9 expended. The powers enumerated in this section shall be interpreted
- 10 broadly to effectuate the purposes of the exchange and shall not be
- 11 construed as a limitation of powers.

12 (b) The goals of the exchange shall be to reduce the number of 13 individuals without health insurance in this state and assist 14 individuals and small employers in the procurement of health 15 insurance by, among other services, offering easily comparable and 16 understandable information about health insurance options.

- 17 (c) The exchange is authorized and empowered to:
- 18 (1) Have perpetual succession as a body politic and corporate and to 19 adopt bylaws for the regulation of its affairs and the conduct of its 20 business;
- 21 (2) Adopt an official seal and alter the same at pleasure;
- 22 (3) Maintain an office in the state at such place or places as it may 23 designate;
- 24 (4) Employ such assistants, agents, managers and other employees 25 as may be necessary or desirable;
- 26 (5) Acquire, lease, purchase, own, manage, hold and dispose of real 27 and personal property, and lease, convey or deal in or enter into 28 agreements with respect to such property on any terms necessary or 29 incidental to the carrying out of these purposes, provided all such 30 acquisitions of real property for the exchange's own use with amounts 31 appropriated by this state to the exchange or with the proceeds of 32 bonds supported by the full faith and credit of this state shall be 33 subject to the approval of the Secretary of the Office of Policy and 34 Management and the provisions of section 4b-23;
  - (6) Receive and accept, from any source, aid or contributions, including money, property, labor and other things of value;

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(7) Charge assessments or user fees to health carriers that are capable of offering a qualified health plan through the exchange, [or] implement and change methods of calculating such assessments or fees and otherwise generate funding necessary to support the operations of the exchange, [and impose] provided any increase in the

42 amount of such assessments or fees or change in any method used to

- 43 calculate such assessments or fees shall be subject to prior legislative
- 44 approval under subsection (d) of this section;
- 45 <u>(8) Impose</u> interest and penalties on [such] health carriers for delinquent payments of [such] assessments or <u>user</u> fees;
- 47 [(8)] (9) Procure insurance against loss in connection with its
- 48 property and other assets in such amounts and from such insurers as it
- 49 deems desirable;
- [(9)] (10) Invest any funds not needed for immediate use or
- 51 disbursement in obligations issued or guaranteed by the United States
- of America or the state and in obligations that are legal investments for
- 53 savings banks in the state;
- [(10)] (11) Issue bonds, bond anticipation notes and other
- obligations of the exchange for any of its corporate purposes, and to
- 56 fund or refund the same and provide for the rights of the holders
- 57 thereof, and to secure the same by pledge of revenues, notes and
- 58 mortgages of others;
- [(11)] (12) Borrow money for the purpose of obtaining working
- 60 capital;
- [(12)] (13) Account for and audit funds of the exchange and any
- 62 recipients of funds from the exchange;
- [(13)] (14) Make and enter into any contract or agreement necessary
- or incidental to the performance of its duties and execution of its
- 65 powers. The contracts entered into by the exchange shall not be subject
- 66 to the approval of any other state department, office or agency,
- 67 provided copies of all contracts of the exchange shall be maintained by
- the exchange as public records, subject to the proprietary rights of any
- 69 party to the contract;
- 70 [(14)] (15) To the extent permitted under its contract with other
- 71 persons, consent to any termination, modification, forgiveness or other

change of any term of any contractual right, payment, royalty, contract or agreement of any kind to which the exchange is a party;

- [(15)] (16) Award grants to trained and certified individuals and institutions that will assist individuals, families and small employers and their employees in enrolling in appropriate coverage through the exchange. Applications for grants from the exchange shall be made on a form prescribed by the board;
- [(16)] (17) Limit the number of plans offered, and use selective criteria in determining which plans to offer, through the exchange, provided individuals and employers have an adequate number and selection of choices;
- [(17)] (18) Evaluate jointly with the SustiNet Health Care Cabinet the feasibility of implementing a basic health program option as set forth in Section 1331 of the Affordable Care Act;
- [(18)] (19) Establish one or more subsidiaries, in accordance with section 38a-1093, <u>as amended by this act</u>, to further the purposes of the exchange;
- [(19)] (20) Make loans to each subsidiary established pursuant to section 38a-1093, as amended from this act, from the assets of the exchange and the proceeds of bonds, bond anticipation notes and other obligations issued by the exchange or assign or transfer to such subsidiary any of the rights, moneys or other assets of the exchange, provided such assignment or transfer is not in violation of state or federal law;
- 96 [(20)] (21) Sue and be sued, plead and be impleaded;
- [(21)] (22) Adopt regular procedures, that are not in conflict with other provisions of the general statutes, for exercising the power of the exchange; and
- [(22)] (23) Do all acts and things necessary and convenient to carry out the purposes of the exchange, provided such acts or things shall

102 not conflict with the provisions of the Affordable Care Act, regulations

- 103 adopted thereunder or federal guidance issued pursuant to the
- 104 Affordable Care Act.
- 105 (d) The exchange shall submit any proposed increase in the amount
- 106 of assessments or user fees charged to health carriers and any
- 107 proposed method or change in method used in calculating such
- 108 <u>assessments or user fees to the joint standing committee of the General</u>
- 109 Assembly having cognizance of matters relating to insurance. If the
- 110 committee does not act within sixty days after receiving a submittal,
- the proposed increase, method or change in method, as the case may
- be, shall be deemed to be denied by the committee.
- [(d)] (e) (1) The chief executive officer of the exchange shall provide
- to the commissioner the name of any health carrier that fails to pay any
- assessment or user fee under subdivision (7) of subsection (c) of this
- section to the exchange. The commissioner shall see that all laws
- 117 respecting the authority of the exchange pursuant to [said subdivision
- 118 (7)] subdivisions (7) and (8) of subsection (c) of this section are
- 119 faithfully executed. The commissioner has all the powers specifically
- granted under this title and all further powers that are reasonable and
- necessary to enable the commissioner to enforce the provisions of [said
- subdivision (7) subdivisions (7) and (8) of subsection (c) of this
- section.
- 124 (2) Any health carrier aggrieved by an administrative action taken
- by the commissioner under subdivision (1) of this subsection may
- appeal therefrom in accordance with the provisions of section 4-183,
- except venue for such appeal shall be in the judicial district of New
- 128 Britain.
- Sec. 2. Subsection (b) of section 38a-1093 of the general statutes is
- 130 repealed and the following is substituted in lieu thereof (Effective
- 131 *October* 1, 2017):
- (b) Each subsidiary shall have and may exercise the powers of the
- 133 exchange and such additional powers as are set forth in such

resolution, except the powers of the exchange set forth in subdivisions (7), [(12), (15), (16), (17) and (21)] (8), (13), (16), (17), (18) and (22) of subsection (c) of section 38a-1083, as amended by this act, shall be reserved to the exchange and shall not be exercisable by any subsidiary of the exchange.

This act shall take effect as follows and shall amend the following		
sections:		
Section 1	October 1, 2017	38a-1083
Sec. 2	October 1, 2017	38a-1093(b)

# INS Joint Favorable

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

## **OFA Fiscal Note**

State Impact: None

Municipal Impact: None

## Explanation

The bill does not result in a fiscal impact to the state or municipalities as Access HealthCT, the state's health insurance exchange, is currently funded through an assessment on health and dental insurance carriers. The total assessment for FY 16 was \$30.5 million<sup>1</sup>. The bill allows the exchange to (1) increase the assessment or user fees and (2) change the assessment methodology with legislative approval.

## The Out Years

State Impact: None

**Municipal Impact:** None

<sup>1</sup> Source: CT Health Exchange Financial Statement as of June 30, 2016.

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# OLR Bill Analysis SB 544

AN ACT REQUIRING PRIOR LEGISLATIVE APPROVAL OF INCREASES IN ASSESSMENTS AND USER FEES CHARGED BY THE CONNECTICUT HEALTH INSURANCE EXCHANGE.

#### SUMMARY

This bill allows the Connecticut Health Insurance Exchange (i.e., Access Health CT), only with the prior approval of the Insurance and Real Estate Committee, to (1) increase health carrier assessments or user fees or (2) change the methodology used to calculate assessments or user fees. By law, the exchange can charge health carriers capable of offering qualified health plans through the exchange assessments or user fees to fund the exchange's operations.

Under the bill, the exchange must submit any proposed increase in assessments or user fees or change in calculation methodology to the Insurance and Real Estate Committee. If the committee does not take action within 60 days after receiving a proposal, the increase or methodology change is deemed to be denied.

EFFECTIVE DATE: October 1, 2017

## **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Yea 19 Nay 1 (03/07/2017)